

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/516673**
FILING DATE **WINTER AVER 83**
APPLICANT **Ralph Stagg Pro**
PERUSHKIN
(23) 315-6821

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
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47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12						TOTAL CLAIMS						